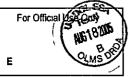
U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E	
1 File Number <b>U</b> 9803	2 Fiscal Year Covered From
	[]/[]/'04 Through 12/31 / [04]
3 Name and address of person filing	4 Name file number and address of labor organization
Name SHANE STOLTENBERCH ,	Name EBRU LOCAL 595
The same and the s	Labor Organization File Number 036347
PO Box Bldg Room No If any [105]	P O Box Building and Room Number if any
Street	Street 6250 UTCLA (1/2 PARKING)
City Bratial ISLAY)	CIN DUBLEL CONTRACTOR
State [ C   ZIP Code + 4   9 4-5 1.1 ]	State CA 2 ZIP Code + 4 94568
5 Position in labor organization	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth-in the instructions)	
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
Trade Name If any	
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Street	•
City 13	The second secon
State (1740 11 11 12 14 14 17 21 21 Code + 4 (1 11 11 11 11 11 11 11 11 11 11 11 11	
Signature	
15" Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete. (See the section on penalties in the instructions.)	
. I	

Name of Person Filing

SHANE STOCKENBRUG

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with a Labor Organization Trade Name if any b Trust PO Box Bldg Room No fany c Employer 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any PO Box Bldg Room No If any Street 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received State 12 b Amount C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any PO Box Bldg Room No If any Street City State 14 b Amount of payment. 13 b Is the Business an Employer or Consultant

	44 File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name ECT (RUKURESCA CONTRACTO Trade Name if any	a	
Trade Name if any	a Labor Organization	
PO Box Bldg Room No If any 4198	b Trust c Employer	
Street -	C Employer	
cry HAN WARD		
State CA ZIP Code + 4 94540		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name GRA ABOVA	ECT DEFETUR DEWER	
Trade Name if any	) 1	
PO Box Bidg Room No if any		
Street	11 b Approximate dollar value of such dealing \$30,	
City	12 a Nature of interest held or income received	
State ZIP Code + 4	,	
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,	12 b Amount	
C Received from any employer (other than an employer covered unde	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money	er parts A and B above)	
C Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	er parts A and B above) or other thing of value	
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